Opening Remarks of Chairman Henry J. Hyde
Before the Full Committee on

"U.S. Response to the Global AIDS Crisis:
A Two-Year Review"

Wednesday, April 13, 2005
2172 Rayburn House Office Building

The Committee will come to order.

Good morning and welcome to today's hearing.

Two years ago, this Committee championed the "U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003." Since this landmark legislation, the United States has taken the lead in this global fight, urging the world to rally together to stop HIV transmissions and to save the lives of those who have AIDS. The United States has raised the profile of the emergency and has provided the resources to back it up—$2.8 billion this year and $3.2 billion likely next year.

As the President's coordinator for our country's overall effort to fight AIDS, Ambassador Randall Tobias has demonstrated tremendous leadership and vision for moving forward an extraordinarily difficult and complex program of activities. Ambassador Tobias is deserving of our highest praise for his accomplishments—even as we in the Congress press him to do more and to do it faster. Because, while much has been done to stem the tide, the AIDS pandemic, unfortunately, continues to roll forward. It continues to claim millions of lives and devastate countless families, especially in Africa. Indeed, AIDS is proving to be an elusive and moving target, and its defeat will require closing the gaps that arise during the battle.

I would like to highlight three such gaps that have emerged and require our full attention.

First, the best defense for preventing HIV transmission is practicing Abstinence and Being mutually faithful to a non-infected partner. This "A" and "B", combined with the "C" of correct Condom use when necessary, form the "ABC" approach, the essential foundation for HIV prevention. However, organizations best suited to promote A and B programs, such as faith-based and indigenous organizations, are often not the ones implementing these programs. Instead, organizations long-associated with the social marketing of condoms are given much of the funding for A-B programs. This must not continue. I urge the Administration to accelerate the targeting and developing of indigenous and faith-based organizations as the key instruments in our fight to prevent the spread of AIDS.

Second, for many women and girls, having the disease is compounded by knowing that they were infected by an act of violence or exploitation. The protection from AIDS infection associated with the "ABC approach" evaporates in environments of sexual violence or coercion. For example, a woman who practices abstinence or faithfulness cannot negotiate the terms of her rape. Similarly, women practicing faithfulness cannot negotiate the terms of their husband's infidelity, nor can girls given to older men in "child marriages" exercise the option of refusal. Perhaps most shocking is the infection of children by teachers and authority figures in schools and other places where children congregate.

These sickening methods of transmission comprise a significant, but vastly under-reported, portion of new infections that must be eliminated. We must reverse the trend where women and girls now constitute 60 percent of those living with AIDS in sub-Saharan Africa, with girls aged 15-19 infected at rates as much as five to seven times higher than boys their age.

With ABC, we must now include a "D" for Defending the rights of the vulnerable to secure the intended protections resulting from responsible behavior, particularly those derived from practicing abstinence and mutual fidelity. The tacit acceptance of abuse against women and children is an assault upon the rights of individuals to use personal moral values as the most fundamental instrument in the fight to defeat this disease.

We must expand programs to correct or prevent violent and coercive behaviors by men, include men as an essential part of the solution, and assist women and children who are or may become victims. Law enforcement and judicial systems must also be bolstered to prevent and respond to these circumstances.

The third issue that I would like to highlight is the severe lack of professional and technical health workers and supporting facilities. This is the single greatest impediment to treating the millions who need it—a far greater bottleneck than the expense of antiretroviral drugs. We can ship millions of pills to the warehouses of countries devastated by AIDS, but who will conduct the tests, make the diagnoses, perform the lab work, care for those recovering, dispense the prescription, transport the medicines, provide the counseling, and monitor adherence to the drug regime?

The World Health Organization notes that Africa has 14 percent of the world's population and 25 percent of the global AIDS burden, but only 1.3 percent of the world's health care workers. African countries struggle not only with limited capacity but also the hemorrhaging of what few professional staff they have to western countries. African governments must take the lead to recruit, train, and retain health professionals and build their health infrastructure to help their own people. For our part, we must assist those who have the

commitment but lack the resources to do it on their own. Our goal should not be just to have 2 million people on treatment by 2008, but to have 2 million people being treated by their fellow citizens in their own country.

AIDS can only be defeated if we recommit ourselves at every turn and close off every avenue that it may seek to gain new footing. We must especially close the gaps that expose the most vulnerable. I look forward to hearing from Ambassador Tobias and our other witnesses today, and I am particularly interested in their views on these three areas to which I believe much greater attention must be given.

I now turn to my friend, Tom Lantos, the Ranking Democratic Member, for his remarks.